



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM - WATER POLLUTION BRANCH

NPDES MONITORING REPORT FOR NON-MUNICIPAL WASTEWATER DISCHARGES

INSTRUCTIONS:

1. Mail to the appropriate **DNR regional office** as noted in your permit.
2. Report must be signed by owner and by analyst. Report should be typed or neatly printed.
3. Part A of the permit specifies the parameters to be monitored, frequency of monitoring and frequency of reporting results. If quarterly reports are required, they are due on April 28, July 28, October 28, and January 28, each report covering the preceding 3-month period not including the reporting month. See the permit for reporting dates if other than quarterly.
4. Report results of all analyses, even if performed more frequently than required by Part A of the permit.
5. File a report even if discharge is intermittent and no discharge occurred during the monitoring period. Complete the identification section, write "ND" in the appropriate columns for the dates the facility was checked, and sign the report. NOTE: If a discharge occurs any time during the monitoring period, it must be reported.
6. Under "Sample Type" indicate whether sample analyzed was: (a) grab sample; (b) 24-hour composite sample; or (c) modified composite sample. NOTE: See permit for type of sample required for each parameter.
7. Under "Sample Type" for Flow indicate whether figures shown are based on (a) instantaneous measurements or (b) actual 24-hour measured flow. Figure recorded is to represent the total 24-hour flow for the date shown or a reasonable estimate.
8. Indicate whether samples were collected by owner or by personnel of the lab performing the analyses.

NOTE: This reporting form is a universal reporting form for non-municipal sewage treatment plants, industries, and other point-source discharges.

Industries and individuals who have their own report forms designed for their specific needs are encouraged to substitute their forms. A suitable substitute must meet the following specifications:

(a) Form must be 8 1/2" x 11".

(b) Report must show all of the information indicated on this standard form.

FACILITY NAME				PERMIT NUMBER				COUNTY				OWNER				TYPE OF FACILITY											
REQUIRED FREQUENCY OF MONITORING								THIS REPORT COVERS PERIOD _____, _____ THROUGH _____, _____																			
DATES SAMPLED												<div>ANALYTICAL METHOD (BE SPECIFIC)</div> <div>SAMPLE TYPE (SEE NOTES 6 AND 7)</div>				(RECORD, AS APPROPRIATE, SUCH INFORMATION AS METHOD OF PRESERVATION, METHODS OF SAMPLE COLLECTION, ABNORMAL AGE OF SAMPLE, EXPLANATION OF UNUSUAL RESULTS, ETC.)											
TIME OF DAY SAMPLED																											
SAMPLES COLLECTED BY																											
DATES OF ANALYSES																											
PARAMETERS		PERMITTED FINAL LIMITS		RECORD ACTUAL RESULTS OF ANALYSIS — DO NOT AVERAGE														REMARKS AND COMMENTS									
FLOW GPD																											
BOD mg/l																											
SUSPENDED SOLIDS mg/l																											
pH UNITS																											
FECAL COLIFORM /100 ml.																											
ANALYSES PERFORMED BY												SIGNATURE OF ANALYST															
REPORT APPROVED BY OWNER														DATE													